

200 Years of Britain-Nepal Relations

Enhancing the links in health and development



The Britain-Nepal Medical Trust
Annual Report 2013/14



Gillian Holdsworth



Prof. S. Subedi

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Cover photo:
Schoolchildren at the new Youth Information
Centre, Bajura

Chairs' Foreword

This year marks the start of the bicentenary celebration of Britain-Nepal relations. BNMT will have been working to improve the health of Nepalese people for 47 of those 200 years: it is one of the most longstanding British charities working in Nepal.

How Nepal has changed during this 200-year relationship – most significantly over the last 13 years as the impact of the Millennium Development Goals (MDGs) came into play.

The MDGs helped consolidate the international development agenda and are viewed as the most effective anti-poverty campaign in history. They have brought together governments and development partners to achieve a set of measurable targets. Ultimately, they sought to reduce poverty and improve quality of life, especially for the poorest of the poor.

In Nepal, most of the health-related MDGs have already been achieved or are on track to be achieved by the target date of 2015. BNMT has made a significant contribution to these successes in a number of key areas. We have helped to strengthen delivery of health services and to ensure that trained health workers are available where they are needed. We have increased the TB case detection rate through our TB Reach project. We have worked with disadvantaged groups, advocating their rights to services for prevention and treatment of HIV and AIDS. We have helped increase capacity among Nepal's civil society organisations – specifically in governance and financial management. And we have provided vocational training in a range of trades to increase employment and reduce poverty.

With all these MDG indicators, however, many disparities remain: between different social and ethnic groups, and between different regions of the country. In general, the farther west and the higher up the mountains people live, the deeper the poverty.

So the real challenge, as Nepal looks to the future, is to address these inequalities through better targeting, and to sustain and scale up the successes. BNMT is ideally positioned to support the Government of Nepal in improving the health of its people and we shall continue to do so.

We should like to thank all of you who have supported us in the past and who continue to support us. The world of fundraising has become increasingly competitive, with multiple calls on people's pockets. We hope that you will continue to support BNMT as it helps build a future of health and prosperity in Nepal.

Gillian Holdsworth

Prof. S. Subedi

Co-chairs, Board of Trustees



Shobhana Gurung Pradhan

In Memoriam Simon Sinclair

Simon's first experience of Nepal, as a medical student on his elective with BNMT, made such an impression that he returned to work as a field doctor (1980-83). Living in Bhojpur, he was responsible for our TB and leprosy control programmes and his commitment to the Nepalese people helped to establish the respect in which the Trust is still held to this day.

On his return to the UK, Simon trained in psychiatry and completed his PhD in medical anthropology – an observation of the influences at work in producing British doctors later published as a book *Making Doctors* – before going on to combine clinical and academic work in Durham.

However, Simon always maintained his links with Nepal and BNMT, eventually becoming a trustee. For 23 years, his intelligence and wit played a vital part in Board meetings. He retired from the Trust after the diagnosis of prostatic cancer, an illness that he faced with his customary courage and realism. His memory lives on in Bhojpur, in the water supply he built for the village where he lived – 'Simon's darra'. He will be missed by all of us.



A Message from the Director

The UK was the first nation to establish formal relations with Nepal and 2014 marks 200 years of diplomatic ties between our two countries; hence the theme of our report this year: enhancing the links in health and development between the UK and Nepal.

Over these two centuries, friendship, mutual understanding and respect for each other's national interests and aspirations have characterised relations between the two countries. BNMT embodies these values. In order to encourage dialogue, and exchange of ideas and information in the health sector between the two countries the Trust, in collaboration with the British Embassy in Nepal, has established an online portal to link academics, researchers, students and prospective volunteers in the health sector (see page 5).

In addition, we have this year successfully completed a number of projects which have made remarkable achievements:

- ▶ *The TB REACH project, implemented in 16 districts in the central and eastern regions, identified 1,938 TB positive cases, exceeding its target of 1,758. The project helped increase the case-finding rates in Eastern Nepal from 61 per cent to 67 per cent, and in central Nepal from 80 per cent to 85 per cent. The Nepal National TB Centre has now adopted our successful case-finding methods. (More on page 8)*
- ▶ *We have established a total of 20 Youth Information Centres (YICs) at schools and local health institutions of 10 districts. These centres provide information and support on adolescent sexual and reproductive health. (More on page 7)*
- ▶ *Alliances on Human Resources for Health (HRH) have been formed at central level and in 10 districts of Nepal. Human resources – in other words, trained personnel – are a prerequisite of a quality health service. The HRH alliances advocate training and equitable distribution of skilled health workers. (More on page 7)*
- ▶ *We have worked with local communities in three districts in the mid-west and far west of Nepal to prepare Local Adaptation Plans of Action (LAPAs) for nine Village Development Committees (VDCs). The plans follow the national framework for tackling climate change. (More on page 14)*
- ▶ *We continued to provide quality assurance in TB microscopy and to work with the Nepal National TB Programme under the Global Fund – National Strategic Action Plan in its efforts to eliminate TB. (More on page 8)*

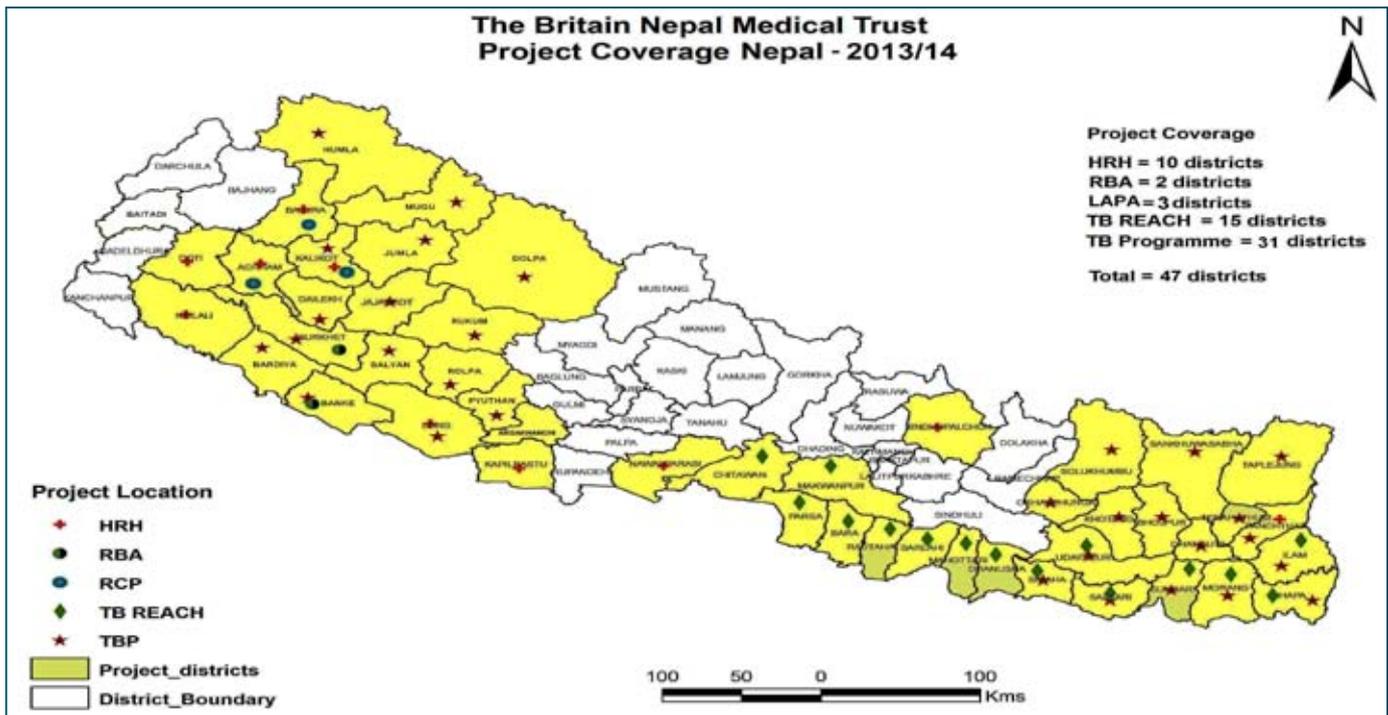
Another significant step for us this year was to set out the Trust's strategic direction for the coming five years. We have revisited our vision and mission, and outlined our working approaches in line with the current socio-political scenario of the country. (More on page 16 and back cover)

As well as providing an overview of our work for the year, this report also presents stories from the field that show the impact of our activities on the communities that we work with. I hope that the statistics and stories in this report will encourage all our supporters and the many organisations that work in partnership with us.

I should like to thank all our supporters, donors, partners, and in particular the Government of Nepal, for their continued support and trust in our endeavours to improve the health and well-being of the people of Nepal.

Shobhana Gurung Pradhan
Country Director

Nepal – an overview



Health and wellbeing

Poverty

23.82 per cent of the population lives below the national poverty line

Children

| | |
|---|------|
| Prevalence of underweight children aged 6 to 59 months (%) | 28.8 |
| Proportion of stunted children aged 6 to 59 months (%) | 40.5 |
| Net enrolment rate in primary education (%) | 95.3 |
| Infant mortality rate (per 1,000 live births) | 46 |
| Under-five mortality rate (per 1,000 live births) | 54 |
| Proportion of 1-year-old children immunised against measles (%) | 88 |

Reproductive health

| | |
|---|------|
| Maternal mortality ratio (per 100,000 live births) | 170 |
| Proportion of mothers-to-be making at least 4 visits to ante-natal clinic (%) | 50.1 |
| Proportion of births attended by skilled birth attendant (%) | 50 |
| Contraceptive prevalence rate, using modern methods (%) | 43.2 |
| Unmet need for family planning (%) | 27 |

HIV and AIDS, TB and malaria

| | |
|--|------|
| HIV prevalence among men and women aged 15-24 years (%) | 0.12 |
| Proportion of population with advanced HIV infection receiving anti-retroviral therapy (%) | 28.7 |
| Clinical malaria incidence (per 1,000 population) | 3.28 |
| TB prevalence rate (per 100,000 population) | 238 |
| TB death rate (per 100,000 population) | 21 |

Fuel, water and sanitation

| | |
|---|------|
| Percentage of people using wood as main fuel | 64.4 |
| Percentage of population using improved drinking water source | 85 |
| Percentage of population using improved sanitation facilities | 62 |

Source: Nepal Millennium Development Goals Progress Report 2013

Nepal is a small, landlocked country situated between two huge states: India bordering the east, south, and west, and China in the north. With an area of 147,181 km² and a population of 26.6 million, Nepal has highly diverse and rich geography, culture, and religions.

The country is divided into three distinct ecological zones: **Mountain** with 7 per cent of the population, **Hill** with 43 per cent of the population, and **Terai**, or lowland, where 50 per cent of the population lives.

Nepal stands at 138th in the Human Development Index ranking. Its score of 0.458 is the lowest among the South Asian countries. Even today, one-quarter of the Nepalese population lives below the national poverty line.

Nevertheless, Nepal has made remarkable progress in health. Its achievements in health-related MDGs are the result of the combined efforts of the Ministry of Health and Population and external development partners: multilateral and bilateral agencies and international and national non-governmental organisation (NGOs).



English double-decker in Kathmandu 1977



Old Patan-Dhoka



Patan-Dhoka today



Above: Old Rani Pokhari

Right: Rani Pokhari today

200 years of friendship

The UK and Nepal share strong political, social and economic bonds. This year marks the 200th anniversary of this strong and still flourishing relationship.

The foundation of this long-standing bond is the Treaty of Sugauli, which was formalised in 1816. The treaty recognised Nepal as an independent state. This was fundamental, as it meant that the UK would not try to colonise Nepal. Instead, it wished to partner and influence the country and this is what happened as the years progressed: “ever since, friendship, mutual understanding and respect for each other’s national interests and aspirations have characterised relations between the two countries”¹.

From 1816 until 1951, the UK was Nepal’s only formal partner, which illustrates how important the relationship was for Nepal. The leaders of the two nations have been on good terms. Jang Bahadur Rana, during his visit to the UK in 1850, became a fan of all things British. He and Queen Victoria became great friends and met no less than six times during his stay. Upon his return to Nepal, Jang Bahadur Rana promoted British architecture and began educating members of the Nepalese royal family in the UK, a practice that continued for over a century.

The bond between the two countries soon branched out from diplomatic into social and economic relations. British fellowships to Nepal began in the 1950s, and financial assistance started in 1961. British citizens have been volunteering to support development efforts in Nepal since 1964.

Aid for health and development

The UK is now the biggest donor of aid to Nepal. Since 1999, British aid has focused on wealth creation, building resilience to climate change and improving health and development, all with the aim of helping Nepal to become a peaceful and democratic nation.

Last year alone, the UK nearly doubled its assistance funds to Nepal to £106 million. One goal of this aid is to improve health standards, particularly in the more remote areas and among underprivileged sectors of the population. Targets include creating 230,000 jobs (50 per cent of them for women), improving sanitation for 150,00 households, and preventing 108,000 unintended pregnancies.

The Nepal Health Sector Programme 2 (NHSP-2), funded by the UK’s Department for International Development (DFID), focuses primarily on family planning and reproductive health projects, which improve access to contraception, make it safer to give birth and reduce unwanted pregnancies. Ultimately, British support has helped Nepal make impressive health improvements since 1990, despite the armed conflict and other difficulties.



Achievements and challenges

While Nepal has made impressive progress towards the Millennium Development Goals (MDGs), one-quarter of its population still lives below the poverty line and inequity remains in access to health services with the poor being most disadvantaged. The challenges include non-communicable and communicable diseases, some of them increasingly resistant to drug treatment, and the impact of migration on individual and public health.

Nepal also faces new opportunities and challenges arising from political and technological change, increased urbanisation and migration, development progress, and success in the promotion of equity and social inclusion. All this will have a profound impact on the incidence and spread of disease and the things that people do to maintain their health. To ensure that everyone in the country can use quality health services, those services must be accessible to the poorest. This is why the UK government has been helping Nepal to strengthen its health system.

UK support has been central to the health sector's development and achievements over the past decade, particularly in maternal health and improved access to free health care. Continued support will be essential for equitable and sustainable development in the coming years. The UK-funded NHSP2 and its successors aim to improve the health of the Nepalese population and ensure that essential health care services are accessible to, and used by, all.

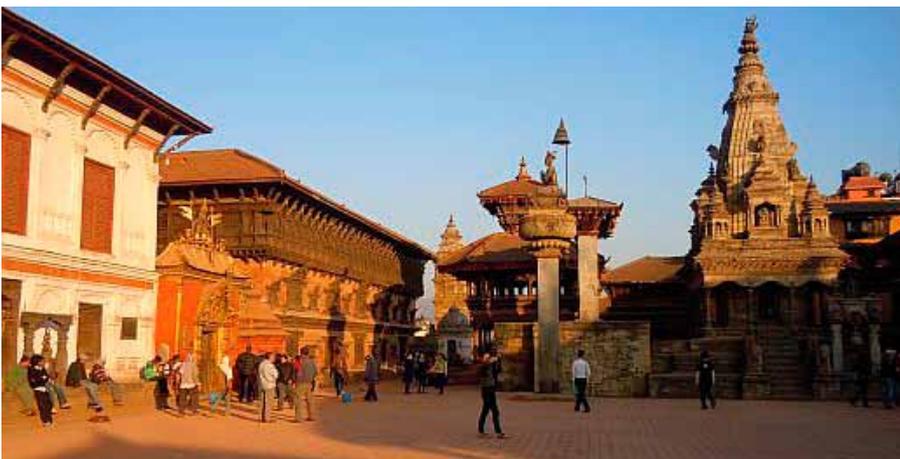
Ultimately, a relationship formed 200 years ago between two great nations has grown and strengthened over time. British aid has helped millions of Nepalese to improve their living conditions. The relationship between the UK and Nepal will grow stronger and continue to aid both Nepalese and UK citizens for generations to come.

1 Tri Ratna Manandhar, in "Background of the Nepal-Britain Friendship Treaty of 1923", in *Souvenir, Britain-Nepal Society Journal*, 1997.



Above: Swoyambhu today

Below: Bhaktapur today



Tundikhel in 1883



Old Swoyambhu



Old Bhaktapur

Health Link www.healthlinknepal.org

To mark the 200th anniversary of Britain-Nepal relations BNMT has established the Health Link platform to strengthen exchange of knowledge and evidence-based practice, and foster discussion on key challenges facing the health sector in Nepal. Health Link has two core components: the Health Forum and the Health Link website. The forum consists of a series of seminars and discussions to promote debate on key health issues, health research and health care development efforts. The website enables individuals and organisations to exchange experience and knowledge of health in Nepal. The initiative aims to harness clinical and public health expertise in both countries so that it can feed into Nepal's health sector and government policy.

The Millennium Development Goals

The Millennium Development Goals (MDGs) are a blueprint for tackling poverty agreed by all the world's countries and all the world's leading development institutions.

In September 2000, building upon a decade of major UN conferences and summits, world leaders adopted the UN Millennium Declaration, committing their nations to a new global partnership to reduce extreme poverty. The declaration set out a series of time-bound targets, with a deadline of 2015, which have become known as the MDGs. They have galvanised unprecedented efforts to meet the needs of the world's poorest people.

Nepal's progress towards the MDGs is remarkable in the circumstances: in the years since 2000, the country has endured a decade of armed conflict, followed by continuing political instability.

Nepal has already achieved its MDG targets for reducing maternal mortality and the incidence of diseases such as malaria and tuberculosis; and it is likely to achieve the remaining health-related MDG targets by 2015.

There are only three health indicators where Nepal remains below target:

- ▶ contraceptive prevalence rate
- ▶ unmet need for family planning
- ▶ the proportion of population with advanced HIV receiving anti-retroviral combination therapy.

Nepal is also on track to achieve the MDG targets related to poverty and hunger, and may yet achieve the goal of universal primary education by 2015. Although the country is unlikely to meet fully the targets for environmental sustainability and gender equality, a start has been made.

The MDGs provide a framework of eight goals, accompanied by targets and indicators for measuring progress. The goals are:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Global partnership for development

Nepal's progress towards the MDGs

| | | 1990 | Latest available | 2015 target |
|-------|--|------|------------------|-------------|
| MDG 1 | Prevalence of underweight children under five: | | | |
| | Stunted | 57 | 43 | 30 |
| | Wasted | 11 | 10 | |
| | Underweight | 43 | 29 | 29 |
| MDG 2 | Achieve universal primary education | 64% | 94% | 100% |
| | Literacy rate of young people aged 15-24 | 49% | 86% | 100% |
| MDG 3 | Ratio of M:F in primary education | 0.56 | 1.0 | 1.0 |
| | Ratio of M:F in secondary education | 0.32 | 0.63 | 1.0 |
| MDG 4 | Infant mortality rate | 108 | 41 | 24 |
| | Under-five mortality rate | 162 | 50 | 54 |
| | Children immunised against measles at 1 year | 42% | 85% | >90% |
| MDG 5 | Maternal mortality ratio | 850 | 229 | 213 |
| | Births attended by skilled birth attendant | 7% | 29% | 60% |
| | Contraceptive prevalence | 24% | 45% | 67% |
| MDG 6 | HIV prevalence among people aged 15-45 | | 0.5% | |
| | TB prevalence | 460 | 280 (2006) | |
| MDG 7 | Access to improved water supply | 46 | 80 | 73 |
| | Access to improved sanitation | 6 | 43 | 53 |

Source: National Planning Commission Government of Nepal and UNDP, *Nepal Millennium Development Goals – Progress Report 2013*.

Human Resources for Health

BNMT's Human Resources for Health (HRH) project has put the need for trained health personnel firmly on the agenda of civil society and health policy makers in Nepal.



Adolescent peer counselling, Bajura

Through this project, BNMT helped to build the capacity of its partner non-government organisations (NGOs) and community-based organisations for lobbying, advocacy and networking, in order to create demand for skilled health personnel across the nation. The result has been an increase in allocation and hiring of health workers and their effective deployment at local level, in hospitals and health posts.

For example in Bajura, one of the most remote districts in Nepal, a number of positions for health personnel had been vacant for some time. When male doctors were present and during health camps, women would go back to their homes without using the health services. Recently, however, a female medical officer was employed and women in the community finally started to go to the district health office for health care and advice.

The HRH project established a national consortium of civil society organisations, professional associations, media organisations and journalists to advocate improvements in the training and deployment of health workers in Nepal. The consortium is based on regional alliances, which have been established in the ten project districts. The alliances helped to formulate a strategic plan for provision of trained health personnel, and continue to participate in the technical working group that is drafting Nepal's new national health policy.

To generate evidence to support the advocacy, the project also carried out a number of studies on effective management of health personnel. These studies were published and disseminated to planners, policy makers, academics, public health administrators, opinion leaders and researchers across the country.

More than one-third of Nepal's population are under 15, so a key objective of the HRH project was to encourage increased use of health services by adolescents, and reproductive health services in particular. The project established 20 Youth Information Centres (YICs) in schools and local health institutions, where adolescents can acquire information about physical and mental changes, and sexual and



Information for the community, Panchthar

Nepal has a critical shortage of trained doctors, nurses and other health workers. The HRH project (2010-2014) aimed to make the training and allocation of health workers a priority in Nepal's health policy, and to focus the attention of decision makers by creating public demand for skilled health workers. The project was funded by the European Union.

Through this project, BNMT helped to build the capacity of its partner non-

reproductive health. They now have a combined membership of 323 young people.

YIC members receive training in adolescent sexual and reproductive health, life skills, legal and para-legal literacy, book keeping and writing of funding proposals. This enables them to sustain the centres and to raise awareness on adolescent sexual and reproductive health among their peers.

BNMT provided basic equipment, such as desks, computers and internet access, to two pilot YICs in each district: one at a local school and one at a health institution. In early 2014 the management of YICs based in schools was handed over to the school management committees. The running of centres based in health institutions was handed over to the institution and peer educators.

The UK role

Provision and management of human resources for health is a major component of the UK's programme of technical assistance to Nepal's health sector. The UK helped to formulate Nepal's HRH Strategic Plan 2011-2015.

No vacancies in Panchthar

The HRH alliance in Panchthar set up a meeting with the district hospital development committee to identify major issues in HRH management in district health facilities. The alliance produced a report which highlighted critical vacancies in the hospital staff establishment. It submitted the report to the chief district officer, who immediately took steps to fill all the posts for doctors.

As a result, Panchthar is one of the few districts in the mountain region to have its full complement of doctors. The alliance is now working with Village Development Committees to help them deliver quality health services.

Fighting tuberculosis

BNMT is helping to prevent and control tuberculosis, a disease that blights the lives of men, women and children in impoverished communities in Nepal.

Goals of the National Tuberculosis Programme

The NTP aims to reduce the mortality, morbidity and transmission of TB until it is no longer a public health problem. Its targets include a case detection rate of 82 per cent and a treatment success rate of at least 90 per cent.

TB Reach results

- ▶ 7,499 index cases (people already known to be infected with TB)
- ▶ 51,318 contacts traced and screened
- ▶ 6.84 contacts traced per index case
- ▶ 1,764 new TB cases identified

Thanks to the efforts of BNMT, among others, tuberculosis prevalence is declining in Nepal. Nevertheless, it remains a major public health problem, with an estimated 45,000 new cases each year. Access to TB treatment is more difficult for the poor and marginalised.

BNMT played a vital role in establishing Nepal's National Tuberculosis Programme (NTP) and continues to work towards the NTP's goal of preventing and controlling the disease. The Trust is responsible for implementing the national TB control strategy in the eastern and mid-western regions of the country.

In eastern Nepal, BNMT works to improve TB diagnosis, oversees the quality of TB microscopy, and helps to raise awareness of the disease and the availability of treatment free of charge.

Detecting cases: TB Reach

A large proportion of TB cases remain undiagnosed. The NTP and its partners have succeeded in increasing the case detection rate from 73 per cent of the estimated total number of cases in 2012 to 78 per cent in 2014. However, the rate remains low in many districts.

BNMT's TB Reach project aims to trial and evaluate innovative methods of increasing the case detection rate. Its approach was based on mobilising Female Community Health Volunteers (FCHVs) to trace the contacts of people who had been diagnosed with the disease. In the second phase of this project, from January 2013 to June 2014, BNMT worked in 15 districts in eastern and central Nepal.



Village Development Committee members learn about TB and HIV, Pyuthan

A total of 51,318 people, the contacts of 7,499 index cases, were screened for TB – an average of almost seven contacts for each index case, and well above our target of 35,169 contacts. The result was that almost 2,000 cases of TB were identified, and the people infected were immediately enrolled for treatment. Follow-up of patients traced in the project's first year revealed a cure rate of 93 per cent.

A total of 644 additional TB cases were reported to the NTP as a result of the project. TB Reach also contributed to a jump in case detection rates, from 61 per cent to 67 per cent in eastern Nepal, and from 80 per cent to 85 per cent in central Nepal.

BNMT's case finding methods have now been incorporated into the NTP's national strategy.

Case Study

Early diagnosis saves a life

Rajnisha Sada, aged eight, lives in Ram Gopalpur-3, in Mahottari district. He developed a cough, fever and night sweats, and started to lose weight. After 30 days, his parents took him to the doctor, who diagnosed typhoid. The family spent 3,000 rupees on his treatment, but the little boy felt no better.

His parents decided to take him to the local health post. On the way, they met one of the female community health volunteers (FCHVs) working for the TB Reach project. She advised them to contact the TB Reach project volunteer, Mr Naresh Baitha.

As soon as he heard that Rajnisha's grandfather had a history of TB, Mr Baitha registered the boy on a contact-tracing form and arranged for a sputum test. And when the test came back positive, Rajnisha started a course of TB treatment. The rest of the family were also advised to take the sputum test.

Rajnisha's parents were delighted to learn that TB was curable and that the treatment was free of charge. Early diagnosis probably saved the little boy's life.



Rajnisha has now recovered and is going to school

No need for expensive treatment

Dulari Yadav, 50, lives in Rajpur-3, in Siraha. She and her husband work on the land and rear buffalo and oxen, and she spends more than four hours a day in a smoky, unventilated kitchen. The family is poor: their main source of income, farming, brings in less than 5,000 rupees a month (about £30).

When Dulari fell ill with a cough, night sweats, and severe chest and stomach pains, she obtained medication from a private practitioner in her village. When that failed to solve the problem, she went to Jayanagar, in India. After a month there, she felt better and came home. But within weeks she was coughing again, so violently that she could not speak. Again, she sought private treatment. By this time, she had spent more than 30,000 rupees on health care.

Meanwhile, Dulari's neighbour Dukhani Devi Yadav, who had similar symptoms, was diagnosed with TB and interviewed by a TB Reach volunteer. She told the volunteer about Dulari. As a result, TB Reach contacted Dulari, who was tested and diagnosed with active pulmonary tuberculosis.

The diagnosis and treatment are free, so Dulari's family no longer have to spend their hard-earned income on medication.

A reluctant patient

Jhudha Bahadur Mustanga, 75, a resident of Hariharpur village in Dhanusha, suffered cough, fever, night sweat, loss of appetite and weight loss for 30 years but never went to a health facility. He simply did not realise that he had a serious illness.

The TB Reach project heard about Mr Mustanga from his son. But when the FCHV went to ask for a sputum sample for testing, the old man, who did not believe he had any disease, took some persuading by the FCHV to provide a sputum sample. In the end he agreed to co-operate and the test result was positive for TB infection.

The FCHV suggested to Mr Mustanga that he should enrol for treatment, but again he would have none of it. 'I don't have any disease. Why should I take medicine? There is no need,' he said. Eventually, with help from his daughter-in-law, he was coaxed into enrolling at a local treatment centre and taking medication.

Now he feels better and his only regret is that he did not agree to testing and treatment earlier.



Dulari has become an advocate for contact tracing in her community



Street theatre shows the links between TB and HIV, Banke

Research on smoking and tuberculosis

The dangers to health of cigarette smoking are well known to health professionals, as are the benefits of stopping. When patients turn to the health services, health professionals have the opportunity to identify smokers and advise them to stop. In the UK, this underpins a policy of 'Make Every Contact Count' (MECC).

A national survey in 2011 reported that 30 per cent of men and 9 per cent of women in Nepal were cigarette smokers, and those most likely to smoke were poorer, less educated and older people.

Cigarette smoking is associated not only with M.tuberculosis infection and M.tuberculosis disease (TB), but also with delayed cure rates, increased relapse rates and higher mortality from TB.

BNMT carried out a small study over three years to assess the feasibility and impact of including brief smoking cessation advice to patients starting TB treatment in two clinics in Eastern Nepal. We believe this study to be the first of its kind in the country. It was carried out as part of routine operations of the NTP and BNMT trained the staff to give brief smoking cessation advice by BNMT.

TB microscopy training, Morang



Our study showed that 39 per cent of smokers with TB who were offered advice about smoking cessation stopped smoking for at least six months. This is considerably better than the quit rate of only 5 to 10 per cent among UK hospital outpatients with smoking-related diseases who received brief smoking cessation advice from their doctor.

We recommend that this approach becomes embedded in NTP policy.

Our study has been accepted for publication in the *Journal of the International Union of TB and Lung Diseases*.



Anna Grace with Female Community Health Volunteers, Dhanusha

Gaining experience

BNMT has provided valuable experience for young professionals by offering them a chance to work on its pioneering TB projects.

Ruth Eyres and Nicola Dearnley, junior doctors who have completed two years of foundation training in the UK, travelled to Nepal for a chance to experience international public health and its role in addressing infectious diseases. They took part in the TB Reach project, working alongside a junior doctor from Nepal – Shradha Pradhan.

With the support of the BNMT team, they worked on finding new ways to improve case detection, and developed these into concept notes that could be put forward for funding from international donors.

American anthropology student Anna Grace Tribble worked with BNMT to study communications between District TB and Leprosy Officers, FCHVs and their communities in the districts of Dhanusha and Mahottari.



Drs Ruth Eyres and Nicola Dearnley take a break

"Working with BNMT has helped us understand how international funding is applied in Nepal. It's great to see all the hard work that is being done to eradicate tuberculosis. Thank you for the opportunity."

Dr Ruth Eyres and Dr Nicola Dearnley

"I was able to experience all the positive steps taken by the organisation such as door to door surveys, effective network of volunteers, proper referral systems and many more in efforts to provide health care particularly the early diagnosis and treatment of TB in less privileged communities"

Shradha Pradhan

"While there is still knowledge that needs to be shared, the FCHVs and the communities where I worked strongly associate TB with the biomedical sphere of medicine, a huge victory compared to years past."

**Anna Grace Tribble,
anthropology student**



Mothers' groups learn about health rights, Surkhet

A rights-based approach to HIV and AIDS

BNMT's rights-based approach (RBA) to health is opening up access to social and health services for the disadvantaged community of Dalits.

Project achievements 2013/14

- ▶ 44 men and 64 women were enabled to earn a living from vegetable farming, with the support of the District Agriculture Development Office of Surkhet.
- ▶ 60 men and 112 women received training and support to increase their income by growing vegetables, raising livestock or engaging in off-farm activities.
- ▶ 176 women from disadvantaged communities received treatment at health camps, and seven women were referred for further treatment for uterine prolapse.
- ▶ 12 child-to-child clubs were reactivated and their members raised awareness of health issues in their communities through street theatre, quizzes, meetings, postal communication and door-to-door health education.

Between July 2013 and May 2014, the RBA project in Surkhet and Banke districts focused on strengthening health service governance and increasing access to essential HIV/AIDS-related services for the impoverished and marginalised Dalit community. The project helped Dalits to make use of social services, and ensured that they had access to services for prevention and control of HIV/AIDS.

As well as educating Dalits about HIV/AIDS and other sexually transmitted diseases, the project provided sterilisation equipment to health institutions and helped them to deliver quality health services through staff training and provision of equipment. It also provided training and support to people infected or affected by HIV/AIDS to enable them to earn an income.



Learning to grow vegetables in Banke

Case Studies

A better income

Laxmi Shahi, of Chisapani village in Banke district, could not afford to send her children to school. She earned her living through traditional farming, but had few farming skills and little knowledge of technology. Her earnings were erratic, but usually amounted to less than 500 rupees a month.

Laxmi joined a training course in vegetable farming organised by BNMT in collaboration with the District Agriculture Development Office in Banke. The Trust also provided her with essential tools and seeds. She now uses these, and her new skills and knowledge, to grow vegetables for sale. She earns up to 5,000 rupees a month.

Keeping a family going

Purna is a widow from a Dalit background, with three children aged 11, 13 and 17. Her husband died shortly after returning from India, where he had gone to work as a labourer. Neither Purna nor anyone else in the community realised that his death was due to HIV/AIDS. She found out a year later, when she developed HIV symptoms herself and went to the health facility. At the time, she knew nothing about the disease or its consequences.

When Purna came into contact with the RBA project in 2013, she had been on anti-retroviral treatment for more than two years. She was earning a meagre income from renting out a room in her house.

Her two younger sons had been sponsored by an NGO and were in school in Kathmandu. The eldest had just finished high school with high grades, and hoped to continue his studies, but Purna could not work to pay for his education.

The project gave Purna the knowhow to raise pigs and provided her with two piglets. One year on, she has sold one pig and used the money to pay her son's college fees. She plans to expand her piggery so that she can feed the family and educate her children.

A new career

In Nepal one group at greatest risk from HIV infection is migrant workers. When BNMT staff met Kamal in a village in Surkhet district, he was unemployed. Like countless young men from rural areas, he had gone to Malaysia as a migrant labourer. The work was hard and the pay low – less than the amount promised when he signed the employment contract in Nepal. Barely able to sustain himself, let alone earn a decent income, he came home. But without skills or work experience, he could not find a job.

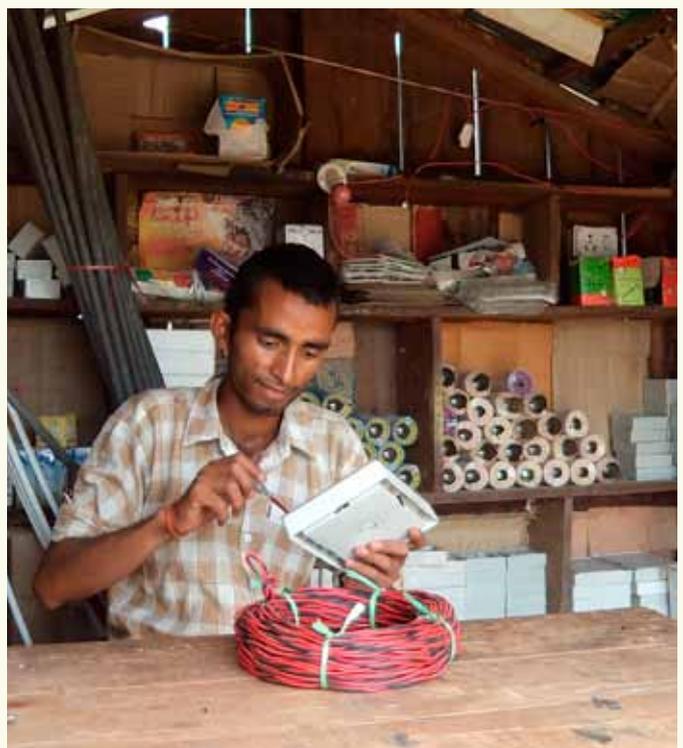
BNMT arranged for Kamal to train as an electrician. On completing the training, he set to work in his community, wiring his neighbours' houses. For the first month, he bought wire and accessories at the local market. Then he took out a loan to invest in a small store. Today, he has paid off his debt and is the proud owner of a small electrical shop and continues to work as an electrician.

Support from the RBA project encouraged Kamal to stay in his own village and earn a living: a positive example for other young people that they can earn a living without going abroad.

Purna learns to raise pigs



Kamal in his shop



Flood damage in the mid-west, August 2014

- ▶ 87 dead
- ▶ 117 missing
- ▶ 13 injured
- ▶ 36,041 households affected
- ▶ 13,949 houses collapsed
- ▶ 40,082 people displaced

Source: Local police

Adapting to climate change

Local communities in Nepal have already noticed rising temperatures and changes in snow and rainfall patterns. BNMT is helping people in three districts to make action plans to address climate change.

Heavy rains on 16-17 August 2014 flooded a large area of mid-western Nepal, affecting the lives and livelihoods of 190,000 people. The worst affected were Bardiya, Banke and Surkhet districts. In Latikoili village, Surkhet, where BNMT's RBA project operates, a landslide made more than 1,000 people homeless. In Bardiya, more than three-quarters of the land area was flooded; in Banke the proportion was 30 per cent.

This scenario is all too likely to be repeated as climate change advances. Climate-induced disasters such as floods, landslides and droughts have killed more than 4,000 people in Nepal in the past 10 years.

With its high mountains, diverse landscapes and a population heavily dependent on farming and natural resources, Nepal is one of the world's most vulnerable countries when it comes to changing weather patterns.



Large areas of arable land were flooded in Bardiya

Temperatures in Nepal are increasing faster than the average global rate, particularly in the high Himalayas. An estimated 1.9 million people in the country are considered to be highly vulnerable to the effects of climate change, with another 10 million at risk.

People in the mid- and far west – predominantly small farmers with few alternative sources of livelihood – are the most likely to be affected, as increasingly erratic rainfall affects agricultural productivity. But other parts of the country will also feel the impact, and everywhere the poorest people will be at greatest risk.

The impacts of climate change will vary around the country, ranging from floods and landslides, resulting from glacier melt or heavier rain, to prolonged dry spells leading to reduced food supplies, water shortages and greater risk of forest fires.

There will also be effects on public health. Higher temperatures are expected to result in insect-borne diseases, such as malaria and Japanese encephalitis, spreading higher up

the hills, to places where the local people have no resistance. An increase in water-borne diseases such as diarrhoea and cholera is also likely.

Nepal has a National Adaptation Programme of Action, which aims to help the people and the Government understand and predict the probable impacts of climate change and build capacity to mitigate them. It calls for action plans to be made at local level and for the integration of climate change into local development planning and activities.

Discussing climate change and its effects, Bajura



Local action plans

From December 2013 to March 2014, BNMT worked with nine communities in three districts of far western Nepal – Achham, Bajura and Kailali – to prepare Local Adaptation Plans for Action (LAPAs). We worked with government agencies, communities, and Village and District Development Committees to raise awareness of climate change, assess vulnerability and identify ways to reduce risks.

BNMT provided technical and managerial support and helped to establish a network of key partners to manage the project.

Community members learned about climate change and how it could affect their lives, and took an active part in drawing up the adaptation plans. A total of 3,217 people from the nine communities (1,985 men and 1,232 women) were directly involved in the process.

The LAPAs include plans to build the capacity of government agencies, Village Development Committees and Health Facility Management Committees, and of BNMT, to tackle climate change.

Below: Practical training session on off-season vegetables.

Bottom Picture: Discussion with local community on climate change and its effect.





Local community members build a road, far west Nepal

Looking ahead

BNMT's strategic plan for the next five years aims to scale up our successful projects and approaches, and to address emerging health issues such as food security and climate change.

Our strategic goals are:

- ▶ To scale up existing programmes
- ▶ To invest in new innovative approaches in nutrition, food security and livelihoods
- ▶ To expand our geographical reach, bringing our integrated Health Improvement Programme to more communities
- ▶ To build communities' resilience to the effects of climate change, the environment and disasters on human health
- ▶ To foster partnerships and linkages between overseas and Nepalese academia on a range of areas, focusing on poverty and health.

Since BNMT first started work in 1967, we have made a significant contribution to Nepal's health service and our achievements are recognised at community, national and international levels. Working in partnership with government, non-governmental organisations, communities and other stakeholders, the Trust has helped to formulate policies and effective ways to deliver TB control, community drug schemes and safe motherhood. Our rights-based approach has empowered communities to demand health services as their right, while enhancing the capacity of service providers.

Over the next five years (2014-2019) we aim to identify innovative approaches to health, nutrition, food security, livelihoods and resilience to climate change, while enhancing existing approaches and partnerships.

We shall scale up programmes and expand our geographic coverage to reach rural populations with little or no access to health services. We shall work with the Government of Nepal, helping it to meet national and international targets for addressing HIV/AIDS; maternal and neonatal health; adolescent sexual and reproductive health; and non-communicable illnesses. We also aim to establish mental health counselling services in health facilities, and to increase access to health care and basic education for children with disabilities.

Financial Report

The Financial information presented in this report does not constitute the statutory accounts of the Britain-Nepal Medical Trust. The full audited accounts for the year ended 31st December, 2013 have been submitted to the Registrar of Companies and the Charity Commissioners. The Auditors' Report on the Trust's accounts to 31st December 2013 is not qualified in any way. A copy of the Reports and Financial Statements may be obtained from the Trust's office at Export House, 130 Vale Road, Tonbridge, Kent TN9 1SP.

Balance Sheet as at 31 December 2013

| | 2013 | | 2012 | |
|--|----------------|----------------|----------------|----------------|
| | £ | £ | £ | £ |
| Fixed assets | | | | |
| Tangible assets | | 1,824 | | 2,278 |
| Current assets | | | | |
| Debtors | 59,683 | | 94,650 | |
| Investments | 170,708 | | 130,761 | |
| Cash at bank | <u>335,896</u> | | <u>590,740</u> | |
| | 566,287 | | 816,151 | |
| Creditors: | | | | |
| Amounts falling due within one year | (70,603) | | (86,845) | |
| Net current assets | | <u>495,684</u> | | <u>729,306</u> |
| Total assets less current liabilities | | <u>497,508</u> | | <u>731,584</u> |
| Charity funds | | | | |
| Restricted funds | 156,490 | | 382,467 | |
| Unrestricted funds | <u>341,018</u> | | <u>349,117</u> | |
| | <u>497,508</u> | | <u>731,584</u> | |

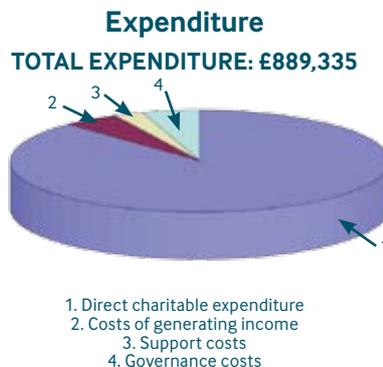
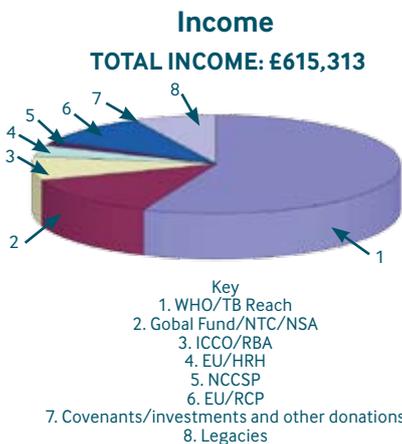


Dr. G M C Holdsworth

Dr. G M C Holdsworth (Co.Chair)

Dr. I.A. Baker

Dr. I.A. Baker MBE (Trustee)



The Britain-Nepal Medical Trust is a company limited by guarantee and registered in England under number 921566
Charity Registration No. 255249

Fundraising

Over the years many generous private donors have supported the Trust and continue to do so. Without their generosity much of our work would not have been possible.



Ann and Chris Walters have supported the work of the Trust for more than 40 years. This year, not only have they again raised money by selling garden flowers and fruit at their front gate, but Ann also held a fundraising concert which was generously supported by her friends and neighbours. Ann, who as a student sang with the Cambridge University Music Society, was accompanied at the concert by pianist Elliott Rooney. He performs regularly in London and also accompanies artists at live performances and recording sessions.



Eduardo Sanz Solana generously donated funds raised from his New York Marathon run.



The Everest Marathon has supported the Trust since 1987. It has paid for drugs and special scales for weighing drugs; built TB hostels in Dhankuta and Ilam; contributed to a new hostel in Khandbari and money to repair two other hostels; helped towards the purchase of four Land Cruisers to transport drugs and staff; paid for several motor bikes and some office equipment and computer systems; paid for a generator so work can continue during frequent and lengthy power cuts; and paid for the upgrade of the TB laboratory in Biratnagar where TB smear tests are carried out. In 2013 the money raised by the marathon runners will be used for work with schoolgirls, schoolteachers and mothers' groups on issues around menstrual hygiene and the social taboos surrounding it.

Thank you

We should like to thank everyone without whose generous support BNMT's work would not be possible.

Major donors

Stop TB Partnership/TB REACH
NTP GFATM Grant
The European Union
Everest Marathon Trust
ICCO Cooperation
Nepal Climate Change Support Project (NCCSP)

Trusts, foundations and other organisations

Blunt Trust
Clay Charitable Trust
D & H.E.W. Gaunt Charitable Settlement
High Foundation
Himbleton Trust
Inner Wheel—Holderness
Janelaw Trust
Murray Charitable Fund
Probus Club-Tonbridge
Rotary Club-Donington
Stonewall Park Charitable Trust
Wallace Curzon Charitable Trust
West Drayton & District Local History Society

In memory of:

Mr G.B. Perkins

How your donation/s can help us ...

... reduce the gaps in health service provision, especially for poor and disadvantaged people

- £7 will buy a ring pessary to ease the suffering of a woman with uterine prolapse
- £12 buys packets of oral rehydration solution to treat 100 children with acute diarrhoea
- £115 buys 40 packets of clean home delivery kits that will protect 100 babies and mothers from infection
- £115 can buy a set of life-saving basic equipment for a health post in a remote village
- £450 pays for a year's supply of life saving drugs at a rural health centre
- £500 contributes significantly to our organisational running costs
- £3,000 can, for one year, educate and mobilise 30 young people to prevent the spread of HIV/AIDS

I enclose a cheque/postal order made payable to the Britain Nepal Medical Trust for £

Committed giving and donating online

Alternatively, you can imagine how a regular monthly amount between £10 and £15 would make an even greater impact on the lives of the Nepalese. You can arrange this by completing and returning this form. Or you can donate, or set up a direct debit, online through the Charities Aid Foundation's secure fundraising service by going to www.britainnepalmedicaltrust.org.uk or www.givenow.org

To the ManagerBank)

Address

Post Code

Name

Address

Post Code

Account No. Sort Code.....

Please pay the Britain Nepal Medical Trust the sum offigures)

.....words)

Starting on...../...../..... Monthly Quarterly Half-yearly Annually

Signed: Date:

Tax-effective giving

Since April 2004 a scheme from the Inland Revenue enables you to give to charity through your tax return. All you have to do is quote the reference **UAK68HG** and nominate The Britain-Nepal Medical Trust as the recipient of your tax repayments.

Gift Aid

Another way to help BNMT raise funds is by returning the Gift Aid declaration below. This means that you authorise BNMT to reclaim from the Inland Revenue tax you have already paid. All gifts from UK taxpayers now qualify for Gift Aid.

Gift Aid declaration

- Please treat as Gift Aid donations all qualifying gifts of money made: today/in the past 4 years/in the future/until further notice.
- I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year that is at least equal to the amount of tax that all the charities that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that the charity will reclaim 25p of tax for each £1 that I give.

Date/...../..... Full name.....

Signature

Full home address

Post Code

- Please tick here if you would like to receive details on making the BNMT a beneficiary of a legacy.
- Please let us know your email address, either by mail or by email, if you would like to receive information by email, (see below for the address)

(No individual personal information will be sold, routed or otherwise transferred to a third party without your explicit consent)

Please return completed form to



Export House, 130 Vale Road, Tonbridge, Kent TN9 1SP
Tel: 01732 360284 Fax: 01732 363876
Email: info@britainnepalmedicaltrust.org.uk
www.britainnepalmedicaltrust.org.uk

Charity Registration No 255249



The Britain-Nepal Medical Trust

Vision

Improved health and wellbeing of the Nepalese people.

Mission

To ensure equitable access to quality health care and an enabling environment for socially and economically disadvantaged people.

Programme focus

Health, climate change and environment – contributing to improved health, livelihood and social harmony.

Working principles

Adhere to and appreciate partnership at all levels

Ensure sustainable development

Respect for equity and diversity

Inclusion

Promote transparency and accountability

Working approaches

Human rights based

Partnerships and alliances

Participatory, gender and social inclusion



Registered Office

Export House • 130 Vale Road • Tonbridge • Kent TN9 1SP

Tel: +44 (0)1732 360284 **Fax:** +44 (0)1732 363876 **Email:** info@britainnepalmedicaltrust.org.uk

Web: www.britainnepalmedicaltrust.org.uk